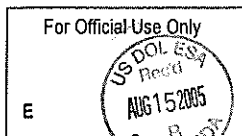


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6335</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kenneth F. Cliff</u> P.O. Box, Bldg., Room No., if any <u>Suite 2500</u> Street <u>111 East Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>	4. Name, file number, and address of labor organization. Name <u>Service Employees International Union</u> Labor Organization File Number <u>1023715</u> P.O. Box, Building and Room Number, if any <u>Suite 2500</u> Street <u>111 East Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>
5. Position in labor organization. <u>Director of Contract Administration; Trustee - SEIU Local 25 Pension Trust</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kenneth F. Cliff</u>	On <u>Aug 9, 2005</u>	<u>312-233-8725</u>
The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 through December 31, 2004. Accurate records of reportable occurrences were not maintained for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.		Telephone Number

Name of Person Filing

Kenneth F. Cliff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bansley and Kiener, LLPTrade Name, if any: Certified Public AccountantsP.O. Box, Bldg., Room No., if any Suite 200Street 8745 West Higgins RoadCity ChicagoState Illinois ZIP Code + 4 60301

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 SEIU Participating Employers Pension TrustTrade Name, if any: P.O. Box, Bldg., Room No., if any 25th FloorStreet 111 East Wacker DriveCity ChicagoState Illinois ZIP Code + 4 60601

11.a. Nature of such dealing.

Golf Game with Trustees at Evanston CC

11.b. Approximate dollar value of such dealing.

\$150.00

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing

Kenneth F. Cliff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BlueCross BlueShield of IllinoisTrade Name, if any: BCBSIP.O. Box, Bldg., Room No., if any Street 300 East Randolph StreetCity ChicagoState Illinois ZIP Code + 4 60601

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 S.E.I.U. Welfare FundTrade Name, if any: P.O. Box, Bldg., Room No., if any 25th FloorStreet 111 East Wacker DriveCity ChicagoState Illinois ZIP Code + 4 60601

11.a. Nature of such dealing.

Golf Outing (Labor Affairs) at Ridge CC

11.b. Approximate dollar value of such dealing.

\$200.00

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing **Kenneth F. Cliff**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PIMCO**

Trade Name, if any: **Investment Manager**

P.O. Box, Bldg., Room No., if any **#300**

Street **840 Newport Center Drive**

City **Newport Beach**

State **CA** ZIP Code + 4 **92660**

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 25 SEIU • Participating Employers Pension Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **25th Floor**

Street **111 East Wacker Drive**

City **Chicago**

State **Illinois** ZIP Code + 4 **60601**

11.a. Nature of such dealing.

**Golf Game at Kemper Lakes CC**

11.b. Approximate dollar value of such dealing.

**\$150.00**

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing	Kenneth F. Cliff	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators  
Trade Name, if any: ATPA  
P.O. Box, Bldg., Room No., if any                       
Street 1640 South Loop Road  
City Alameda  
State CA ZIP Code + 4 94502

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEIU Local 1 Health Fund & Pension Fund  
Trade Name, if any:                       
P.O. Box, Bldg., Room No., if any PO Box 4912  
Street                       
City Chicago  
State Illinois ZIP Code + 4 60680

11.a. Nature of such dealing.

Golf Game at Riverside CC

11.b. Approximate dollar value of such dealing.

\$150.00

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing

Kenneth F. Cliff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of Chicago

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe

City Chicago

State Illinois ZIP Code + 4 60603

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 SEIU &amp; Participating Employers Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 25th Floor

Street 111 East Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60601

11.a. Nature of such dealing.

Golf Outing (Labor Affairs) at Carillon CC

11.b. Approximate dollar value of such dealing.

\$120.00

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing

Kenneth F. Cliff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Foundation of Employee Benefit Plans

Trade Name, if any: IFEBP

P.O. Box, Bldg., Room No., if any P.O. BOX 69

Street 18700 W. Bluemound Road

City Brookfield

State Wisconsin ZIP Code + 4 53008

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 S.E.I.U. &amp; Participating Employers Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 25th Floor

Street 111 East Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60601

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Payment Info:	Paid To	Date of Payment	Amount	Payment method	Description
	IFEBP	2/20/2004	\$ 1,205.00	check	Registration fee and hotel deposit for IFEBP Trustee Institute conference held February 22-25, 2004
	Ken Cliff	3/2/2004	\$ 1,731.80	check	Expense reimbursement for attendance of IFEBP Trustee Institute February 22-25, 2004, including hotel, air, car rental and meals
	IFEBP	11/12/2004	\$ 1,310.00	check	Registration fee and hotel deposit for IFEBP annual educational conference to be held November 13-16, 2005

12.b. Amount.

\$4,246.80

Name of Person Filing

Kenneth F. Cliff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UBS Global Asset ManagementTrade Name, if any: UBS Investment Manager

P.O. Box, Bldg., Room No., If any

Street One North Wacker DriveCity ChicagoState Illinois ZIP Code + 4 60606

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 SEIU \* Participating Employers Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., If any 25th FloorStreet 111 East Wacker DriveCity ChicagoState Illinois ZIP Code + 4 60601

11.a. Nature of such dealing.

Golf \* Lunch @ Kemper Lakes CC

11.b. Approximate dollar value of such dealing.

\$150.00

12.a. Nature of interest held or income received.

12.b. Amount.